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| PCT/PTO-1390<br>(REV 11-98)  |  | U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE |  | ATTORNEY'S DOCKET NUMBER<br><b>423-54</b>                                   |  |
| <b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A FILING UNDER 35 U.S.C. 371</b>  |  |   |  | U.S. APPLICATION NO. (If known, see 37 C.F.R. 1.5)<br><br><b>09/462,633</b> |  |
| INTERNATIONAL APPLICATION NO.<br><br><b>PCT/JP99/02098</b>   |  | INTERNATIONAL FILING DATE<br><br><b>20 April 1999</b>   |  | PRIORITY DATE CLAIMED<br><br><b>20 April 1998</b>                           |  |
| TITLE OF INVENTION<br><br><b>STABILIZED COMPOSITION COMPRISING A BENZIMIDAZOLE TYPE COMPOUND</b>   |  |   |  |   |  |
| APPLICANT(S) FOR DO/EO/US<br><br><b>UKAI, Koji, et al</b>  |  |   |  |   |  |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:  |  |   |  |   |  |
| 1. <input type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a filing under 35 U.S.C. 371.  |  |   |  |   |  |
| 2. <input checked="" type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing under 35 U.S.C. 371.   |  |   |  |   |  |
| 3. <input type="checkbox"/> This express request to begin national examination procedures (35 U.S.C. 371(f) at any time rather than delay examination until the expiration of the applicable time limit set in 35 U.S.C. 371(b) and PCT Articles 22 and 39(1). |  |   |  |   |  |
| 4. <input type="checkbox"/> A proper Demand for International Preliminary Examination was made by the 19 <sup>th</sup> month from the earliest claimed priority date.  |  |   |  |   |  |
| 5. A copy of the International Application as filed (35 U.S.C. 371(c)(2)).   |  |   |  |   |  |
| a. <input type="checkbox"/> is transmitted herewith (required only if not transmitted by the International Bureau).  |  |   |  |   |  |
| b. <input type="checkbox"/> has been transmitted by the International Bureau.  |  |   |  |   |  |
| c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).   |  |   |  |   |  |
| 6. <input checked="" type="checkbox"/> A translation of the International Application into English (35 U.S.C. 371(c)(2)).  |  |   |  |   |  |
| 7. <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)).  |  |   |  |   |  |
| a. <input type="checkbox"/> are transmitted herewith (required only if not transmitted by the International Bureau).   |  |   |  |   |  |
| b. <input type="checkbox"/> have been transmitted by the International Bureau.   |  |   |  |   |  |
| c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has <b>NOT</b> expired.   |  |   |  |   |  |
| d. <input type="checkbox"/> have not been made and will not be made.   |  |   |  |   |  |
| 8. <input type="checkbox"/> A translation of the amendments to the claims under PCT Article 19 (U.S.C. 371(c)(3)).   |  |   |  |   |  |
| 9. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).  |  |   |  |   |  |
| 10. <input type="checkbox"/> A translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).  |  |   |  |   |  |
| <b>Items 11. To 16. Below concern document(s) or information included:</b>   |  |   |  |   |  |
| 11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.  |  |   |  |   |  |
| 12. <input checked="" type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.  |  |   |  |   |  |
| 13. <input type="checkbox"/> A FIRST preliminary amendment.  |  |   |  |   |  |
| <input type="checkbox"/> A SECOND or SUBSEQUENT preliminary amendment.   |  |   |  |   |  |
| 14. <input type="checkbox"/> A substitute specification.   |  |   |  |   |  |
| 15. <input type="checkbox"/> A change of power of attorney and/or address letter.  |  |   |  |   |  |
| 16. <input checked="" type="checkbox"/> Other items or information. PTO-1449 and International Search Report   |  |   |  |   |  |

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| U.S. APPLICATION NO. (If known, see 37 C.F.R. 1.53)<br><b>09/462,633</b> | INTERNATIONAL APPLICATION NO.<br><b>PCT/JP99/02098</b> | ATTORNEY'S DOCKET NUMBER<br><b>423-54</b> |
|--|--|---|

  

| 17. <input checked="" type="checkbox"/> The following fees are submitted:  | <b>CALCULATIONS</b> PTO USE ONLY   |              |               |           |  |              |          |       |   |           |                    |    |      |   |           |   |    |      |  |
|--|--|--------------|---------------|-----------|--|--------------|----------|-------|---|-----------|--------------------|----|------|---|-----------|---|----|------|--|
| <b>BASIC NATIONAL FEE (37 CFR 1.492(a)(1)-(5):</b><br>-- Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO and International Search Report not prepared by the EPO or JPO .....\$970.00<br>-- International preliminary examination fee (37 CFR 1.482) not paid to USPTO but International Search Report prepared by the EPO or JPO .....\$840.00<br>-- International preliminary examination fee (37 CFR 1.482) not paid to USPTO but international search fee (37 CFR 1.445(a)(2)) paid to USPTO .....\$690.00<br>-- International preliminary examination fee paid to USPTO (37 CFR 1.482) but all claims did not satisfy provisions of PCT Article 33(1)-(4) .....\$670.00<br>-- International preliminary examination fee paid to USPTO (37 CFR 1.482) and all claims satisfied provisions of PCT Article 33(1)-(4) .....\$96.00<br><br><div style="text-align: right;">ENTER APPROPRIATE BASIC FEE AMOUNT =</div> | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: right;">\$</td> <td style="width:60%; text-align: center;">0.00</td> <td style="width:30%;"></td> </tr> </table>  | \$           | 0.00          |           |  |              |          |       |   |           |                    |    |      |   |           |   |    |      |  |
| \$   | 0.00   |              |               |           |  |              |          |       |   |           |                    |    |      |   |           |   |    |      |  |
| Surcharge of \$130.00 for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input checked="" type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)).   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: right;">\$</td> <td style="width:60%; text-align: center;">0.00</td> <td style="width:30%;"></td> </tr> </table>  | \$           | 0.00          |           |  |              |          |       |   |           |                    |    |      |   |           |   |    |      |  |
| \$   | 0.00   |              |               |           |  |              |          |       |   |           |                    |    |      |   |           |   |    |      |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:20%;">CLAIMS</th> <th style="width:20%;">NUMBER FILED</th> <th style="width:20%;">NUMBER EXTRA</th> <th style="width:20%;">RATE</th> <th style="width:20%;"></th> </tr> <tr> <td>Total Claims</td> <td style="text-align: center;">15</td> <td style="text-align: center;">-20 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">X \$18.00</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">3</td> <td style="text-align: center;">-3 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">X \$78.00</td> </tr> </table>   | CLAIMS   | NUMBER FILED | NUMBER EXTRA  | RATE      |  | Total Claims | 15       | -20 = | 0 | X \$18.00 | Independent Claims | 3  | -3 = | 0 | X \$78.00 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: right;">\$</td> <td style="width:60%; text-align: center;">0.00</td> <td style="width:30%;"></td> </tr> </table> | \$ | 0.00 |  |
| CLAIMS   | NUMBER FILED   | NUMBER EXTRA | RATE          |           |  |              |          |       |   |           |                    |    |      |   |           |   |    |      |  |
| Total Claims   | 15   | -20 =        | 0             | X \$18.00 |  |              |          |       |   |           |                    |    |      |   |           |   |    |      |  |
| Independent Claims   | 3  | -3 =         | 0             | X \$78.00 |  |              |          |       |   |           |                    |    |      |   |           |   |    |      |  |
| \$   | 0.00   |              |               |           |  |              |          |       |   |           |                    |    |      |   |           |   |    |      |  |
| MULTIPLE DEPENDENT CLAIMS(S) (if applicable) .....+\$260.00  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: right;">\$</td> <td style="width:60%; text-align: center;">0.00</td> <td style="width:30%;"></td> </tr> </table>  | \$           | 0.00          |           |  |              |          |       |   |           |                    |    |      |   |           |   |    |      |  |
| \$   | 0.00   |              |               |           |  |              |          |       |   |           |                    |    |      |   |           |   |    |      |  |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: right;">\$</td> <td style="width:60%; text-align: center;">0.00</td> <td style="width:30%;"></td> </tr> </table>  | \$           | 0.00          |           |  |              |          |       |   |           |                    |    |      |   |           |   |    |      |  |
| \$   | 0.00   |              |               |           |  |              |          |       |   |           |                    |    |      |   |           |   |    |      |  |
| Reduction by 1/2 for filing by small entity, if applicable. A Small Entity Statement must also be filed (Note 37 CFR 1.9, 1.27, 1.28).   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: right;"></td> <td style="width:60%; text-align: center;">0.00</td> <td style="width:30%;"></td> </tr> </table>    |              | 0.00          |           |  |              |          |       |   |           |                    |    |      |   |           |   |    |      |  |
|  | 0.00   |              |               |           |  |              |          |       |   |           |                    |    |      |   |           |   |    |      |  |
| <div style="text-align: right;"><b>SUBTOTAL =</b></div>  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: right;">\$</td> <td style="width:60%; text-align: center;">0.00</td> <td style="width:30%;"></td> </tr> </table>  | \$           | 0.00          |           |  |              |          |       |   |           |                    |    |      |   |           |   |    |      |  |
| \$   | 0.00   |              |               |           |  |              |          |       |   |           |                    |    |      |   |           |   |    |      |  |
| Processing fee of \$130.00, for furnishing the English Translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)).  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: right;"></td> <td style="width:60%; text-align: center;">0.00</td> <td style="width:30%;"></td> </tr> </table>    |              | 0.00          |           |  |              |          |       |   |           |                    |    |      |   |           |   |    |      |  |
|  | 0.00   |              |               |           |  |              |          |       |   |           |                    |    |      |   |           |   |    |      |  |
| <div style="text-align: right;"><b>TOTAL NATIONAL FEE =</b></div>  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: right;">\$</td> <td style="width:60%; text-align: center;">0.00</td> <td style="width:30%;"></td> </tr> </table>  | \$           | 0.00          |           |  |              |          |       |   |           |                    |    |      |   |           |   |    |      |  |
| \$   | 0.00   |              |               |           |  |              |          |       |   |           |                    |    |      |   |           |   |    |      |  |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). <b>\$40.00</b> per property  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: right;">\$</td> <td style="width:60%; text-align: center;">40.00</td> <td style="width:30%;"></td> </tr> </table> | \$           | 40.00         |           |  |              |          |       |   |           |                    |    |      |   |           |   |    |      |  |
| \$   | 40.00  |              |               |           |  |              |          |       |   |           |                    |    |      |   |           |   |    |      |  |
| Fee for Petition to Revive Unintentionally Abandoned Application (\$1,210 - Small Entity Fee = \$605)  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: right;">\$</td> <td style="width:60%; text-align: center;">0.00</td> <td style="width:30%;"></td> </tr> </table>  | \$           | 0.00          |           |  |              |          |       |   |           |                    |    |      |   |           |   |    |      |  |
| \$   | 0.00   |              |               |           |  |              |          |       |   |           |                    |    |      |   |           |   |    |      |  |
| <div style="text-align: right;"><b>TOTAL FEES ENCLOSED =</b></div>   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: right;">\$</td> <td style="width:60%; text-align: center;">40.00</td> <td style="width:30%;"></td> </tr> </table> | \$           | 40.00         |           |  |              |          |       |   |           |                    |    |      |   |           |   |    |      |  |
| \$   | 40.00  |              |               |           |  |              |          |       |   |           |                    |    |      |   |           |   |    |      |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"></td> <td style="width:10%; text-align: right;">Amount to be:</td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td></td> <td style="text-align: right;">refunded</td> <td style="text-align: center;">\$</td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;">charged</td> <td style="text-align: center;">\$</td> <td></td> </tr> </table>   |  |              | Amount to be: |           |  |              | refunded | \$    |   |           | charged            | \$ |      |   |           |   |    |      |  |
|  | Amount to be:  |              |               |           |  |              |          |       |   |           |                    |    |      |   |           |   |    |      |  |
|  | refunded   | \$           |               |           |  |              |          |       |   |           |                    |    |      |   |           |   |    |      |  |
|  | charged  | \$           |               |           |  |              |          |       |   |           |                    |    |      |   |           |   |    |      |  |

  

a. ☒ A check in the amount of \$40.00 to cover the above fees is enclosed.

b. ☐ Please charge my Deposit Account No. 14-1140 in the amount of \$\_\_\_\_\_ to cover the above fees. A duplicate copy of this form is enclosed.

c. ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 14-1140. A duplicate copy of this form is enclosed.

d. ☐ The entire content of the foreign application(s), referred to in this application is/are hereby incorporated by reference in this application.

**NOTE:** Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.

  

**SEND ALL CORRESPONDENCE TO:**

NIXON & VANDERHYE P.C.  
 1100 North Glebe Road, 8<sup>th</sup> Floor  
 Arlington, Virginia 22201  
 Telephone: (703) 816-4000

SIGNATURE

  

Arthur R. Crawford  
NAME

  

|                                      |                          |
|--------------------------------------|--------------------------|
| <b>25,327</b><br>REGISTRATION NUMBER | January 27, 2000<br>Date |
|--------------------------------------|--------------------------|